

CPG70 – Fit & Proper Persons Procedure - APPENDIX 3

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

STRICTLY CONFIDENTIAL

Fit and Proper Persons Requirement: Self-Declaration Form (Applicants)

First Name		Surname	
Position Applied for			

*Please confirm each statement by completing each box with a tick; it will be assumed that **you have not confirmed** the statement if any boxes are left **blank**.*

I confirm that:

I am of good character in that I have not been convicted in the UK of any offence or being convicted elsewhere of any offence which, if committed in any part of the UK, would constitute an offence

I am of good character in that I have not been erased, removed, or struck off a register of professionals maintained by a regulator of health care or social work professionals

I have the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which I am employed by the Trust

I am able by reason of my health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which I am appointed or to the work for which I am employed

I have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity

I satisfy the test that I am a fit person under Schedule 4 part 1 of the Regulations in that:

I am not an undischarged bankrupt

My estate has not had sequestration awarded in respect of it and if it has such sequestration has been discharged

I am not the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland

I am not a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986

I have not made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it

I am not included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland

I am not prohibited from holding the relevant office or position, or in the case of an individual for carrying on the regulated activity, by or under any enactment

It is a condition of appointment that those holding Board Director posts provide confirmation in writing, prior to appointment and thereafter on a yearly basis or on demand, of their fitness to hold such posts. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the Trust's Constitution, the Trust's Licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulations).

By signing this declaration, you are confirming that you do not fall within the definition of an "unfit person" or any other criteria set out below, and that you are not aware of any pending proceedings or matters which may call such a declaration into question.

The information that you provide in this declaration will be processed in accordance with the Data Protection Act 2018. It will be used for the purpose of determining your suitability for the senior position you are applying for. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the Trust who are authorised to view it as a necessary part of their work.

In signing this declaration you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this Declaration Form being used by the Trust for the purpose of checking that I satisfy the requirements of the FPPR for the position applied for.			
I understand that providing any false and/or misleading information on this self-declaration form and/or if it comes to light that I have previously provided false and/or misleading information in support of my application that this may lead to disciplinary action being taken against me in accordance with relevant Trust processes and could lead to the termination of the appointment.			
I confirm that I do not fit within the definition of an "unfit person" as listed above and that there are no other grounds under which I would be ineligible to be in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a "fit and proper person" or other grounds under which I would be ineligible to continue in post come to my attention.			
Signed		Name	
		Date	

Assurance Statement

I confirm that, having considered all the matters outlined in the Regulated Activities Regulations and all the information and documentary evidence provided to me, **[NAME OF DIRECTOR]** meets the fit and proper person requirements outlined above and I am satisfied that there are no other grounds under which **[NAME OF DIRECTOR]** would be ineligible to be appointed to the post.

Name		Date	
Signature [Chair/CEO]		Title	